Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
518-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TX HEALTH DBA INJURY 1-DALLAS
9330 LBJ FREEWAY, SUITE 1000
DALLAS TX 75243

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

ARCH INSURANCE CO

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-4916-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "CPT code 90801 does not require preauthorization per rule 134.600."

Amount in Dispute: $1148.15

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Carrier asserts that reimbursement is not owed for these services as the Requestor failed to obtain preauthorization prior to rendition of services, as required by 28 TAC 134.600"…From the report from the May 5, 2011, session it would appear that the services exceeded that which would be reasonable for an initial psychiatric interview…Carrier would also note that…CPT 90801 is an untimed billing code and only a single reimbursement is owed…Carrier asserts that reimbursement is limited to a MAR based on the participating amount of $124.10."

Response Submitted by: Flahive, Ogden, and Latson; PO Box 201320; Austin TX 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 5, 2011	90801	$1148.15	$ 248.35

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets forth the medical fee guidelines for professional services.
3. 28 Texas Administrative Code §134.600 sets out the preauthorization requirements.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated April 18, 2011 and May 17, 2011 and June 23, 2011
   - 19 (197) – Precertification/authorization/notification absent.
   - 97 (97) – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

Issues

1. Did the respondent raise new issues?
2. Does the disputed service require preauthorization and is it global to other services billed?
3. Did the requestor bill appropriately for the services rendered?
4. Is the requestor entitled to reimbursement?

Findings

1. The respondent's position summary states in part, "From the report from the May 5, 2011 session, it would appear that the services exceeded that which would be reasonable for an initial psychiatric interview." 28 Texas Administrative Code §133.307 (d)(2)(B) states , "the response shall address only those denial reasons presented to the requestor prior to the date the request for MDR was filed with the Division and other party.
2. Respondent denied CPT code 90801 with reason codes "19 (197) – Precertification/authorization/notification absent" and "97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

   28 Texas Administrative Code §134.600 states in paragraph (p) "The non-emergency health care requiring preauthorization includes the following: (7) All psychological testing and psychotherapy, repeat interviews, and biofeedback unless the service is part of a preauthorized or Division exempted return-to-work rehabilitation program." The requestor billed for an initial interview. Correct Coding Initiative edits were applied and CPT code 90801 is not global to any other service billed on the same date of service; therefore the respondent's denial reasons are not supported.
3. The requestor billed CPT code 90801 with 5 units/hours. The American Medical Association CPT descriptor reads, 90801 "Psychiatric diagnostic interview examination". This is not a timed code.
4. The requestor is entitled to reimbursement as follows: 28 Texas Administrative Code §134.203(c) (1) (2) states, "To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor is to be applied. The conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. Commissioner's Bulletin # B-0046-10 states for services provided in calendar year 2011, the Medical Fee Guideline conversion factors in rule §134.203(c) are $54.54 and $68.47. The conversion factor of $54.54 applies to service categories of Evaluation and Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting.
   - 90801: 54.54 (workers compensation conversion factor) ÷ 33.9764 (Medicare conversion factor) x $154.71 (participating amount) = $248.35

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $248.35.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $248.35 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

		MAY 15, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.